

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9		6				
10		6				
11		6				
12		6				
13		6				
14		6				
15		6				
16		6				
17		6				
18		6				
19		6				
20		0				
21		6				
22		6				
23		6				
24		6				
25		6				
26		6				
27		6				
28		6				
29		6				
30		6				
31		6				
32		6				
33		6				
34		6				
35		0				
36		0				
37		0				
38		0				
39		6				
40		6				
41		6				
42		6				
43		6				
44		6				
45		6				
46		6				
47		6				
48		6				
49						
50						
TOTAL IND.	2					
TOTAL DEP.	22	1	1	1	1	1
TOTAL CLAIMS	72	3				

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS